

Massachusetts Department of Public Health

Summary of Laws and Regulations Relevant to Infectious Disease Surveillance, Reporting and Control

Introduction: Legal authority is the legal right to take a particular action based on law, regulation or other legal precedent (case law). It is an important tool that, when used with planning, communication and education, can effectively protect the health of the public. A summary of relevant Massachusetts laws and regulations is listed below. Categories include: Department of Public Health; State Administrative Procedure; Public Health; Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements; Clinical Laboratories; Public Schools; School Attendance; Emergency Medical Services; Food Code; and Confidential Health Information. The text of these laws and regulations can be found in their entirety on the www.mass.gov website.

STATUTE	CITATION*	DESCRIPTION/SUMMARY
<u>Department of Public Health</u>	M.G.L. c. 17	
Powers of commissioner upon declaration of a public health emergency.	s 2A	With approval from governor (who has declared a public health emergency exists) and public health council, the commissioner may take actions to assure the maintenance of public health and prevent disease.
<u>State Administrative Procedure</u>	M.G.L. c. 30A	
Regulations requiring hearings; adoptions, amendments, or repeals; emergency regulations	s 2	Requires the department to hold a public hearing prior to the adoption, amendment, or repeal of a regulation; emergency regulations may be adopted without a hearing if necessary to preserve public health, safety or welfare; emergency regulations only remain in effect for 3 months unless a public hearing is held.
<u>Public Health</u>	M.G.L. c. 111	
Powers and duties of the department	s 5	The department shall interest itself in the public's health; it is authorized to conduct sanitary investigations and investigations as to the cause of disease.
Power to define diseases deemed dangerous to public health; control and prevention	s 6	The department has the power to define what diseases are dangerous to the public health and to make rules and regulations for the control and prevention of such diseases.

Investigation of contagious or infectious diseases; to give notice or report	s 7	Directs the department to conduct investigations and prevent the spread of disease and to consult with the local authorities; the department had co-ordinate powers as a local board of health.
Reduction of morbidity and mortality; establishment of program; information and reports	s 24A	Grants authority to conduct research to reduce morbidity and mortality, subject to commissioner's approval.
Universal Immunization Program	s 24I	Establishes a universal immunization program in the department, subject to appropriation of funds by the Legislature.
Weekly reports of deaths from diseases dangerous to public health	s 29	Requires local boards of health to submit weekly reports to the department of deaths from dangerous diseases.
Certification of non-hospitalized persons afflicted with active tuberculosis; examination; transportation; release	s 94A-C	Allows commissioner to hospitalize an individual with tuberculosis who is refusing examination and treatment for 15 day period, after which patient must be afforded due process.
Powers and duties of local boards of health in cases of infectious diseases	s 95	Authorizes the board of health to provide for isolation and quarantine locations for infected individuals or persons in the neighborhood, and to make regulations.
Warrants to remove persons who are infected with dangerous disease	s 96	Authorizes the local board of health to direct police authorities to move a sick person to a location for isolation (provided a warrant has been issued by a magistrate).
Removal of patient from home where patient cannot be isolated	s 97	ss 95 and 96 may only apply if the individual(s) is/are residing in a boarding house or hotel; or if 2 or more families occupy the same dwelling; or if in the opinion of the board of health, the patient cannot be properly isolated.
Prevent the spread of infection; public notice; removal	s 104	The local board of health must use all possible care to prevent the spread of infection and may give public notice of infected places.
Notice to board of health that persons infected with dangerous diseases; application of section	s 111	Physicians shall immediately report patients infected with a dangerous disease to the local board of health in the town where the patient is attended; if the patient lives in another town, the board of health is required to send notice to the town where the patient lives and send notice to the towns where the patient was infected or may have exposed others.
Notice by local board of health to department	s 112	The local board of health is required to notify the department within 24 hours of any individual infected with a disease dangerous to the public health.
Records of reports of dangerous diseases; notice	s 113	Requires local boards of health to maintain records, as prescribed by the department.
Regulations relative to nuisances; examinations	s 122	Requires local boards of health to examine "all nuisances, sources of filth and causes of sickness within its town..." which may be injurious to the public health; also requires the board

		to make regulations for the public health and safety.
Enforcement of vaccination of inhabitants of towns	s 181	If they believe it necessary for public health or safety, local boards of health shall require and enforce vaccination of all inhabitants of their jurisdiction, free of charge; those who refuse must forfeit \$5.
<u>Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements</u>	105 CMR 300.00	
Diseases Reportable to Local Boards of Health	300.100	Specifies what diseases or conditions are reportable, and by whom, within 24 hours, to the local board of health in the community where the case is diagnosed or suspect case is identified; name, date of birth, sex, address, place of employment, school and diseases must be included in each report.
Case Reports by Local Boards of Health	300.110	Requires local boards of health to report, within 24 hours, to the department cases or suspect cases of diseases listed in 300.100 in the manner required by the department.
Confidentiality	300.120	The department and local boards of health may not disclose any personally identifying information without the individual's written consent, except when necessary for disease investigation, control, treatment, and prevention purposes.
Prevention of Foodborne Cases of Viral Gastroenteritis	300.130	Requires food handling facility employees who test positive for Norwalk virus, Norwalk-like virus, norovirus, or any other Calicivirus be excluded from food handling duties for specified time periods.
Illness Believed to be Due to Food Consumption	300.131	Requires the immediate reporting to the local board of health of cases or suspect cases of illness due to the consumption of food; if the board of health is unavailable, the reporter must contact the department directly.
Illness Believed to be Unusual	300.133	Requires cases or suspect cases of unusual illnesses be immediately reported to the local board of health; if the board of health is unavailable, the reporter must contact the department directly.
Illness Believed to be Part of an Outbreak or Cluster	300.134	Requires suspected clusters or outbreaks of any illness be immediately reported to the local board of health; if the board of health is unavailable, the reporter must contact the department directly.
Reporting of Animal Diseases with Zoonotic Potential by Veterinarians	300.140	Veterinarians and local boards of health with knowledge of any zoonotic disease occurring in animals must report the disease to the Department of Agricultural Resources (DAR), Bureau of Animal Health; DAR will then notify the department; veterinarians must also report within 24 hours directly to the department any case of anthrax, plague, West Nile Virus infection or Eastern Equine Encephalitis infection; the department will notify the local board of health within 24 hours.
Declaring a Disease or Condition Immediately Reportable, Under Surveillance and/or Subject to Isolation and Quarantine:	300.150	Grants the commissioner the authority to declare a disease or condition immediately reportable, under surveillance, and to establish isolation and quarantine requirements of confirmed or suspect cases of diseases or conditions which are newly recognized or recently

Temporary Reporting, Surveillance and/or Isolation and Quarantine		identified or suspected as a public health concern; such declarations are authorized for a period of time not to exceed 12 months, after which new regulations must be promulgated.
Diseases Reportable by Local Boards of Health to the Department	300.160	Requires local boards of health to report immediately to the department cases of unusual illness or cluster or outbreak of disease, including suspected food poisoning, or an increased incidence of diarrheal and/or unexplained febrile illness.
Laboratory Findings Indicative of Infectious Disease Reportable Directly to the Department by Laboratories	300.170	Requires laboratories to report evidence of infection from listed organisms directly to the department within 24 hours; test results, date of specimen collection, name, date of birth, sex, address and name of health care provider shall be included in each report.
Reporting of Antimicrobial Resistant Organisms	300.171	Requires laboratories to report results indicating antimicrobial resistance in specific organisms directly to the department; selected isolates shall also be submitted directly to the State Laboratory Institute; if antimicrobial resistance of an unexplained or novel nature is identified, the laboratory must contact the department within 5 business days.
Diseases Reportable Directly to the Department	300.180	Requires active or suspect tuberculosis disease, latent tuberculosis infection, AIDS, and sexually transmitted diseases to be reported directly to the department within 24 hours; HIV infection shall be reported using a non-name reporting system; certain work-related diseases and injuries are also reportable to the department.
Surveillance and Control of Diseases Dangerous to the Public Health	300.190	Specifies surveillance activities the department and local boards of health are authorized to conduct during the course of investigation, monitoring, control and prevention of disease dangerous to the public health.
Access to Medical Records and Other Information	300.191	Grants the department and local boards of health access to medical records and other information necessary to carry out their duties to investigate, monitor, prevent and control disease.
Isolation and Quarantine Requirements	300.200	Specifies the minimum isolation and quarantine requirements to be followed for cases or suspect cases of reportable diseases.
<u>Clinical Laboratories</u>	M.G. L. c. 111D	
Infectious Disease Reports; confidential information	s 6	Laboratories are required to report directly to the department evidence of infectious diseases found during the course of examination of specimens.
The Operation, Approval and Licensing of Clinical Laboratories	105 CMR 180.000	
Standard- Reporting of Infectious Diseases	180.044	Requires laboratories to report infectious diseases as specified by the department.
<u>Public Schools</u>	M.G.L. c. 71	
	s 55	A child who is infected with a disease dangerous to public health or who lives in a household where someone is so infected shall not attend public school if the regulations of the local board of health require exclusion. A child who returns to school after being absent because of such infection or exposure must present a certificate from the board of health that the danger

		of infection has passed. If the child returns to school without this certificate, s/he must be immediately referred to a school physician for examination.
	s 55a	A school child who shows signs of ill health or of being infected with a disease dangerous to public health shall be sent home immediately or shall be referred to a school physician, who may direct that the child be sent home. The superintendent of schools must immediately notify the local board of health of all children excluded by reason of a disease dangerous to the public health. [There is also a Good Samaritan provision for school personnel who give emergency first aid or transportation.]
	s 56	If any child is found to be suffering from any "disease or defect", the school committee must notify the parent or guardian.
<u>School Attendance</u>	M.G.L. c. 76	
Vaccination and Immunization	s 15	Requires children to provide proof of immunization against diseases specified by the department; religious and medical exemptions allowed.
Immunization of College Students	s 15C	Requires all full-time undergraduate and graduate students, all full- and part-time health science students, and any full- or part-time students attending any postsecondary institution while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation or exchange program, to provide proof of immunization against diseases specified by the department. Religious and medical exemptions allowed.
Meningococcal disease; college students immunization	s 15D	Requires all newly enrolled full-time residential students at secondary schools and postsecondary institutions to: 1) receive information about meningococcal disease and vaccine; and 2) provide documentation of receipt of 1 dose of meningococcal polysaccharide vaccine with the last 5 years (or a dose of meningococcal conjugate vaccine at anytime in the past). In addition to religious and medical exemptions, students (parent/legal guardian) may sign the MDPH-developed Waiver Form to indicate the read and understood required information relative to risks of meningococcal disease and: a) elected to decline the vaccine; or b) could not obtain the vaccine due to a shortage, but wish to receive it.
Immunization of Students Before Admission to School	105 CMR 220.000	Specifies immunizations required by the department before admission to school; includes requirements for preschool, elementary, middle and high school students, and postsecondary students; medical and religious exemptions allowed.
Standards for the Licensure or Approval of Group Day Care and School Age Child Care Programs: Health Requirements for Staff	102 CMR 7.08(1)	Requires immunity to measles, mumps and rubella for staff at licensed group day cares.

Required Medical Examinations	102 CMR 7.09(5)	Requires specific immunizations in accordance with current MDPH schedule for entry into licensed group day care and school age programs; religious and medical exemptions allowed.
Provider Qualifications and Responsibilities	102 CMR 8.04(1)	Requires immunity to measles, mumps and rubella for staff at family day cares.
Children's Records	102 CMR 8.13(3)	Requires specific immunizations in accordance with current MDPH schedule for entry into licensed family day care programs; religious and medical exemptions allowed.
<u>Camp Attendance</u>		
Required Immunizations	105 CMR 430.152	Requires immunizations for campers and staff as outlined in the camp regulations.
<u>Hospital Licensure</u>		
Infection Control	130.626(F)	Personnel assigned to maternal and newborn areas shall have documented immunity to measles and rubella. Tuberculin skin testing should also be performed at the time of hire (at a minimum).
<u>Licensing of Long-Term Care Facilities</u>		
Requirement that employees be vaccinated against influenza virus	105 CMR 150.002(D)(8)	LTCFs are required to offer all employees annual vaccination against the influenza virus by no later than December 15, and to new employees hired between December 1 and April 1. Facilities must also provide employees with information about the risks and benefits of the vaccine. Medical and religious exemptions and refusal allowed. Any employee who does not get vaccinated for any reason shall sign a declination statement certifying that he or she received information about the risks and benefits of influenza vaccine.
<u>Student Record Regulations</u>		
Access to Students Records	603 CMR 23.07(4)(h)	School health personnel and local and state health department personnel shall have access to student health records, including but not limited to immunization records, when such access is required in the performance of official duties, without the consent of the eligible student or parent.
<u>Emergency Medical Services</u>		
Unprotected exposure capable of transmitting	M.G.L. c. 111, s	Any person who transports a person to a health care facility and sustains an unprotected

infectious disease; standardized trip form	111C	exposure to an infectious disease must file a standardized trip form.
Regulating the Reporting of Infectious Diseases Dangerous to the Public Health	105 CMR 172.000	EMS personnel who have an unprotected exposure to a patient with an infectious disease have a right to be informed that they were exposed to such disease. The health care facility to which the patient is brought has a legal obligation to inform the EMS agency.
<u>Food Code</u>		
State Sanitary Code Chapter X: Minimum Sanitation Standards for Food Establishments and Federal Food Code	105 CMR 590.003, 590.017; Federal Food Code Chapters 2 and 8-5	Authorizes local boards of health to exclude or restrict foodhandling facility employees who have been diagnosed with an infectious disease; requires food handling facility employees to provide documentation that they are free of illness before returning to work.
<u>Confidential Health Information</u>		
HIPAA	Privacy Rule 45 CFR Parts 160 and 164	Health Insurance Portability and Accountability Act (federal law).
Uses and disclosures for which an Authorization or opportunity to agree or object is not required.	s 164.512	<p>Subsection (a) [Standard: use and disclosures required by law] Allow entities covered by the HIPAA Privacy Rule to disclose protected health information without an authorization when the disclosure is required by law and the disclosure is limited to that required by law.</p> <p>Subsection (b) [Standard: uses and disclosures for public health activities] allows entities covered by the HIPAA Privacy Rule to disclose protected health information to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease; including reporting, surveillance investigations, or interventions.</p>
FIPA	M.G.L. c. 66A	Fair Information Practices Act
		Massachusetts law that protects the confidentiality of personal data relating to an individual held by a state agency. It permits access to such information only if approved by the data subject or authorized by statute or regulations that are consistent with FIPA.

***KEY**

M.G.L.= Massachusetts General Laws

c.= Chapter

s= section

ss= sections

CMR= Code of Massachusetts Regulations

Department= Massachusetts Department of Public Health

HIPAA= Health Insurance Portability and Accountability Act

FIPA= Fair Information Practices Act

CFR= Code of Federal Regulations